

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: Gity or Town Clerker Election Sommission
Fill in Reporting Period dates: Beginning Date:	2019 Ending Date: 1917 001 24 1 12 03
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year end report at dissolution
The state of the s	Name of Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	670,26
Line 3: Subtotal (line 1 plus line 2)	670,26
Line 4: Total expenditures this period (page 5, line	14) 676,26
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	670,26
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind corfinance activity of all persons acting under the authority or on behalf of this committee in according under the penalties of perjury:	stributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance redance with the requirements of M.G.L. c. 55. I have not received any contributions, briod.
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority of an behalf of this campaign finance activity of all persons acting under the authority of an behalf of this campaign finance activity of all persons acting under the authority of an activity of the campaign finance activity of all persons acting under the authority of an activity of the campaign finance activity of all persons acting under the authority of the campaign finance activity of the campaign finance activity of all persons acting under the authority of the campaign finance activity of the campaign finance activity of all persons acting under the authority of the campaign finance activity of the campaign finance activity of all persons acting under the authority of the campaign finance activity of the ca	est of my knowledge and belief, a true and complete statement of all campaign a-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
8/16/19	David Muhhishm	670,76	
	·		
·			
	·		
		D0,76	670:26
	s \$50 and under* (not listed above) CEIPTS IN THE PERIOD		670,26 K670,26 Enter on page 1, line 2
	ceipts of \$50 and under include them in line	710176	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required) Ame		Amount	Occupation & Employer (for contributions of \$200 or more)
			•
	•		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together,

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid (alphabetical listing) Address Purpose of Expenditure Amount Which Sisms Neengh Wi Neengh Wi Signs Signs Signs Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page L line 4+ Line 14- TOTAL Expenditures \$50 and under* (not listed above) Enter on page L line 4+ Line 14- TOTAL Expenditures \$50 and under* (not listed above) Enter on page L line 4+ Line 14- TOTAL Expenditures \$50 and under* (not listed above) Enter on page L line 4+ Line 14- TOTAL Expenditures \$50 and under* (not listed above) Enter on page L line 4+ Line 14- TOTAL Expenditures \$50 and under* (not listed above) Enter on page L line 4+ Line 14- TOTAL Expenditures \$50 and under* (not listed above) 5-102	report all expen	ditures. Please include your com	mittee name and a page number o	nch to this report, if additional pag	es are required
All Sisns Political hours of the Light Sisns Signs of the Light Sisns of the Light Sisness of the Light Sisns of the Light Sisness of the Light Sisns of the Light Sisness of the Light Si	Date Paid				
Signal State State Remains Signal 245/26 Signal State State Signal Sign	9/16/17		916 Bart Ave	Ly Signs	
Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 44. TOTAL EXPENDITURES.	916/5	, , , , , , , , , , , , , , , , , , , ,	916 BSRd ACC	LARM Signs	
Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Line 13: Total Expenditures \$50 and under* (not listed above)	8/12/15			Office Sign Supplies	
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES.				Sitt fur Construction	_ siw
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 > Line 14: TOTAL EXPENDITURE.					
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDING	.				
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDING					
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Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 > Line 14: TOTAL EXPENDITURE.				-	
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 > Line 14: TOTAL EXPENDITURE.					
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 > Line 14: TOTAL EXPENDITURE.					
Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDING		Line	e 12: Total Expenditures over \$5	50 (or listed above)	871
Enter on page 1, line 4 -> Line 14: TOTAL EXPERIENCE					5.16
you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized	You have itemized s	Enter on page 1. line 4 → Line	14. TOTAL EVENTARIO		

above.

\$ \$10:76

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	,			
		·		
			·	
	·			
			·	
		Line 12: Expenditures over \$50	(or listed above)	·
		Line 13: Expenditures \$50 and a	ınder* (not listed above)	
,	Entor on more 1. Line 4>	Line 14: TOTAL EXPENDIT		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Donidowtiel A.J.		
8/16/19	David Mulder 152	Residential Address 3 Kmd hlv Kandel pl MM	Description of Contribution	Value GG5:20
il	i /	()		5.00
			,	-
	·			
		ine 15: In-Kind Contributions or ine 16: In-Kind Contributions \$5	L	5.00
an in-kind contril		ine 17: TOTAL IN-KIND CON	VTRIBUTIONS /	224

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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